



# Registration Form

1) Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

2) Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (*other than parent*): \_\_\_\_\_  
(Name) (Phone) (Relationship)

Please list any facts concerning your child's medical history to which a physician, instructor, or director should be alerted, such as: allergies, medications, asthma, physical impairments, etc...

\_\_\_\_\_  
\_\_\_\_\_

### Tumbling Tutor® Assumption of Risk, Waiver of Liability, & Medical Authorization

As the legal guardian of the person(s) listed above, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death, can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Tumbling Tutor® programs and activities, and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing the above mentioned person(s) to obtain tumbling instruction, I, on my own behalf, and the behalf of the above mentioned person(s), and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Tumbling Tutor®, its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by the above mentioned person(s) while under instruction, supervision, or control of Tumbling Tutor®, including without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In the event of an emergency, I would like the above mentioned person(s) to be taken to a hospital for medical treatment and I hold Tumbling Tutor® and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury sustained while participating in Tumbling Tutor® programs and activities.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY AUTHORIZATION, and I VOLUNTARILY affix my name in agreement.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Tumbling Tutor® Photo Waiver

I give permission to Tumbling Tutor® to take and use any photographic image or replication of my child/children in any of our advertising, brochures, or educational materials. This may include but is not limited to: television commercials or news stories, newspaper ads or stories, educational videos or printed materials for coaches and staff, special event flyers, brochures or other advertising materials, etc...

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Agreement

I have read and agreed to the Tumbling Tutor® policies (on the back), regarding: payment, make-ups, and apparel.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please flip over for Tumbling Tutor Policies)